

WGN
MUTUAL

THE NORTHWESTERN UNIVERSITY

Reviewing Stand

EVANSTON, ILLINOIS

Illinois U Library

Can We Stop the Common Cold?

A radio discussion over WGN and the Mutual Broadcasting System

DR. JOHN M. BREWSTER

Captain, United States Naval Medical Corps; Senior Medical Member, Physical Evaluation Board, 4th Naval District

DR. NOAH FABRICANT

Assistant Professor of Otolaryngology, College of Medicine, University of Illinois

DR. SAMUEL M. FEINBERG

Associate Professor of Medicine and Chief, Division of Allergy, Medical School, Northwestern University

DR. PAUL S. RHOADS

Professor of Medicine, Medical School, Northwestern University
Chairman, Department of Medicine, Wesley Memorial Hospital, Chicago

Moderator: JAMES H. McBURNEY

Dean, The School of Speech, Northwestern University

Broadcast continuously since 1934 by Northwestern University



THE REVIEWING STAND is a weekly radio forum presented by Northwestern University. The program was first broadcast by Station WGN, Chicago, October 14, 1934. It has been on the air continuously since that time, originating in the WGN studios, and, since 1935, carried by the stations of the Mutual Broadcasting System. THE REVIEWING STAND presents members of the Northwestern University faculty and distinguished guests from business, government, education, and the press in round table discussions of contemporary problems—the questions that are in the news. The program is under the direction of James H. McBurney, Dean of the School of Speech, Northwestern University and Miss Myrtle Stahl, Director of Educational Programs, WGN, Chicago.

The Northwestern University Reviewing Stand, published weekly beginning May 2, 1943, by the Offices of the Director of Radio (Public Relations), Northwestern University, Evanston, Illinois. Entered as second class matter at the Post Office, Evanston, Illinois, under the Act of March 3, 1875. Subscription price, \$1.00 for 16 weeks, \$2.00 for 32 weeks, \$2.50 for one year. Single copies, ten cents.

Can We Stop the Common Cold?

MR. MCBURNEY: Can we stop the common cold?

It is estimated that the common cold afflicts the average American from 1 to 4 times a year, and represents an annual collective loss of one billion dollars. It causes more loss of time from industry and schools than all other diseases combined, and 20 times as much loss of time in industry as is caused by accidents.

Our purposes today are to identify the common cold, and to discuss its causes and treatment. The use of antihistamine preparations as a means of treating the common cold is now receiving wide attention. Our first speaker will discuss this development in particular. As an officer in the United States Naval Medical Corps, he has asked us to say that his opinions on this subject are his own and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large. We are also asked to say that "the Navy gives no credence to the claims of any particular company advertising antihistamine preparations."

By transcription you will now hear Dr. John M. Brewster, Captain in the Naval Medical Corps, and Senior Medical Member of the Physical Evaluation Board in the 4th Naval District.

Group of Infections

DR. BREWSTER: The diagnosis of the common cold as used by laymen and many doctors is one that covers a group of infections of the upper respiratory tract and includes those caused by bacteria, as well as those caused by filterable viruses. The symptoms of almost all of these diseases are strikingly similar during the first day or two, after which they diverge

into more easily identifiable disease patterns.

Authorities agree that the diagnosis of "common cold" should be limited to the disease caused by a filterable virus which ordinarily begins with a feeling of dryness or scratchiness in the nose or throat, followed by sneezing and obstruction of the nose and in turn by a profuse nasal discharge of a watery secretion causing irritation of the skin of the nose. It is often accompanied by headache and lassitude. As the disease continues the nasal discharge thickens. Recovery takes place within a week or less. To the best of my knowledge this disease can rarely be positively diagnosed early. It can best be identified in retrospect.

To this fundamental framework the chronically allergic cold susceptible individual adds a laryngitis, earaches, lingering sinus infections and chronic bronchitis. This is the type of cold that this speaker endured many times year after year until the advent of the antihistamine preparations.

Early Experiments

In the late winter of 1946 he first experienced the phenomenon of the stopping of a cold when he took one of the early antihistamine preparations to quell a resurgent attack of a recognized form of allergy. To make a long story short the treatment was then tried on other patients until he became convinced that the phenomenon could be reproduced in others. Next, several other varieties of antihistamine preparations were substituted in the treatment with equally good results in an important percentage of patients. Finally, a large series of cases was run using only one variety of antihistamine preparation. As a control sugar pills which were identical in ap-

pearance with the medication were given to every fifth patient. Several interesting facts developed as a result. The usual favorable results were obtained by those who received the antihistamine preparation within six hours of the time of the onset of their symptoms. But the most startling revelation was the fact that almost one-third of those who received the sugar pills within six hours of the onset of their colds also became free of symptoms. His interpretation of this unexpected finding is simply that those people experienced self-limited allergic reactions. They did not develop colds because, either the virus which causes colds was absent from their throats or was present in a mild strain or possibly because these patients had retained enough immunity from a previous attack to protect them.

By combining the figures from all series of cases of the common cold the treatment of which has been supervised personally, it is found that approximately seven out of every ten attacks have been stopped when the treatment with an antihistamine in clinically effective doses was started within one hour after the onset of symptoms. Most certainly not every attack of the common cold can be stopped.

Allergy Factor

Many reliable investigators during the past generation have voiced the conviction that allergy was the dominant factor in the predisposition to colds and that it accounted for many of the symptoms. The only new fact that has been introduced recently is the actual proof of this contention made possible by the use of antihistamine preparations in the treatment of colds.

The evidence that allergy played a large part in the symptomatology of the common cold has been accumulating for the past half century. It can be found in a large proportion of papers that have been written dealing with the disease, but often was misinterpreted by their authors. The number who have contributed is so

large that it would be impossible in the time allotted to even name them much less identify those who have contributed.

Based upon his own personal experience, the results of controlled studies using antihistamine preparations in the treatment of colds and supported by the evidence in the literature, this speaker now believes that many diseases of the upper respiratory tract including those covered by the diagnosis of common cold begin as—or as the result of—an allergic reaction which has its focus in the lining membrane of the nose and throat. He believes that the swelling of the cells of this lining membrane, caused by the allergic reaction, results in the slow death of the outermost layers of those cells much as a tourniquet might cause the death of those in an arm or leg if allowed to act too long, and that with the loss of these cells the natural defense sheath of the body is breached permitting the entry of not only the cold virus, but any other organisms that may be present in that throat and nose. The resulting disease depends upon the dominant organism present, its virulence, the resistance and immunity of the patient and the treatment he receives. This hypothesis offers an explanation why the resulting diseases so closely resemble one another in their early phases; why an exact diagnosis is impossible early and why the true nature of the infection becomes apparent only after several days. It offers an explanation of what has actually been observed and the reason that a cold can be stopped. If this allergic response is interrupted before the death of the protective cells of the nose and is effectively neutralized until it has spent itself, then nature's natural barrier stands. The virus and all other organisms will remain harmlessly on the surface, which is the normal state. The cold is stopped.

'Early Treatment'

It becomes quite obvious, too, why one can't wait to establish a diagnosis before beginning treatment and why

treatment should be started promptly at the first symptom of a cold. Finally, since an allergic reaction is basically a local spasm of blood vessels, it equally well explains why the old fashioned hot toddy, the hot bath, the mustard foot bath and most of the time-honored home remedies give great temporary relief. Nearly all defeat their purpose by inducing sweating—hence chilling and a renewal of the cycle for which they are taken as a remedy.

Finally, one word of caution. Because of the tendency of some people to become allergic to many things in their diet and environment, and because the antihistamine in adequate dosage makes some people drowsy, one should consult his physician before attempting self-medication.

MR. MCBURNEY: Thank you, Dr. Brewster.

Now what are your reactions, gentlemen, to Dr. Brewster's analysis of the common cold? How do you feel about it, Dr. Rhoads?

'Antihistamine for Allergy'

DR. RHOADS: I agree with Dr. Brewster's contention that allergy plays an important role in many common colds. It is, of course, the all important factor in allergic rhinitis which many people confuse with infectious colds. For the latter condition and for the peculiar response that frankly allergic persons make to ordinary viral and bacterial infections of the respiratory tract I think the antihistaminic drugs are distinctly helpful.

From my own experience and even from his own published report I am surprised at his statement that approximately seven out of every ten attacks of the common cold have been stopped when the treatment with an antihistamine was started within one hour after the onset of symptoms. That would be a difficult contention to defend.

I hope his statement that one cannot wait to establish a diagnosis before beginning treatment will not be misinterpreted. Some persons might jump to the conclusion that at the on-

set of nasal stuffiness one should at once start in on antihistaminic drugs and stick to this treatment until it becomes obvious that one is dealing with some condition other than the common cold—a conclusion which he says often cannot be reached for several days.

From signs and symptoms, and particularly from past performance in respiratory infections, the patient's physician will probably be able to tell him fairly accurately whether an antihistaminic drug is apt to be useful and also whether other remedies are also required. Self-diagnosis and self-medication may have unpleasant and/or even dangerous consequences. With this treatment I believe Dr. Brewster obviously agrees.

MR. MCBURNEY: How do you feel about it, Dr. Fabricant?

'Doctors Disagree'

DR. FABRICANT: This is an occasion when doctors disagree. In my opinion the notion that allergy is mainly responsible for the common cold is erroneous. It is not supported by scientific evidence, either of a laboratory or a clinical nature. The claims made in behalf of antihistaminic drugs as the effective common cold cure are both extravagant and grossly exaggerated. Antihistaminic drugs, it must be emphasized, have no effect on either viruses or bacteria which are responsible for most colds. Medical authorities on the common cold agree that no substance or combination of substances—and this includes the antihistaminic drugs—can be relied upon to prevent or cure the common cold. It seems unfortunate that the American public at the present time has been made an experimental guinea pig for the purpose of testing the value of antihistaminic drugs in the common cold. For such a questionable privilege millions of Americans are literally paying through the nose.

MR. MCBURNEY: How do you feel about it, Dr. Feinberg?

DR. FEINBERG: Dr. McBurney, I am not against the use of antihistaminic drugs in colds. I even allow my patients to use them. However, my con-

tention is that up to date it has not been proved that the common cold can be stopped by the antihistaminic drugs. The evidence for the effectiveness of these remedies is open to serious criticism. For example, in most instances, Dr. Brewster's case and otherwise, the diagnosis was made by the patient and accepted by the physician. My experience and that of my colleagues indicates that in the majority of cases suspected colds after a few hours disappear of themselves because, for the obvious reason, they were not colds, but were sniffles due to drafts, chilling or slight allergic attacks. Because it is emphasized that the antihistaminics must be taken early, these commonly occurring sniffles form a large percentage of those who believe their colds are cured by antihistaminics.

Antihistamine Experiment

I think I have one of the nicest little unplanned experiments going on in my practice which has impressed me with the ineffectiveness of antihistaminic remedies. We have a number of stubborn allergic conditions among these cases of hives and allergic noses which have required the use of antihistaminics three or four times daily for several weeks. It is surprising that in spite of the constant use of this medication these people develop colds just as often, which last just as long, and they are just as severe as those without medication.

Now I would add, why not try antihistaminics since they might do some good? The point is that antihistaminics are potent drugs frequently producing undesirable effects such as sleepiness or excitement. For these reasons they may create accident hazards and be harmful in other ways and should not be used without the doctor's supervision.

MR. MCBURNEY: As Dr. Fabricant said earlier, there apparently are differences of opinion on this subject. I might note that the United States Food and Drug Administration said today that it is standing pat on its decisions to permit over-the-counter

sales of antihistamine drugs to the public. As a matter of fact, Commissioner George P. Lerrick added this: "There is absolutely no evidence that they are unsafe if used as directed." Last week the Food and Drug group was quoted as saying, "All the evidence indicates these drugs are as safe as aspirin."

DR. FABRICANT: Apparently there is a division of opinion in the councils of the Food and Drug Administration. I would like to read a statement published in a leading Chicago newspaper yesterday morning. It runs as follows: In recent testimony before a subcommittee of the House Appropriations Committee released tonight, Dr. Paul V. Dunbar, Food and Drug Commissioner, asserted that the Agency has not approved the sale of the drugs, although it has issued a permit for their over-the-counter sale without a prescription.

'Safety of Drug'

MR. MCBURNEY: I can only repeat what the Commissioner has apparently said, "There is absolutely no evidence that they are unsafe if used as directed," and "All the evidence indicates these drugs are as safe as aspirin."

Do you ever prescribe them, Dr. Rhoads?

DR. RHOADS: I prescribe them very frequently, but I am fully aware of the dangers of these drugs, and I think it is bad practice for patients to make their own diagnosis and use them frequently without getting medical advice about them.

MR. MCBURNEY: Now, before saying more about Dr. Brewster's position I suggest we clarify the nature and causes of the common cold. Are we dealing here with a single disease, Dr. Rhoads, a common entity, or a group of diseases? What do you mean by the common cold?

DR. RHOADS: I don't like the term because it means different things to different people. In fact, as a member of the committee on standard nomenclature of diseases of the American Medical Association I recommended

that we stop this term, but my colleagues don't quite agree with me on that.

I think to most people it means the disease described by Dr. Brewster of a mild aching, maybe a little bit of fever, headache, nasal stuffiness, secretion of a watery nature from the nose, later becoming thicker, etc. I think that is what most of us understand. There is very good experimental evidence that this kind of disability can be caused by one of several viruses of mild virulence. On the other hand, indistinguishable symptoms from this may be caused by allergic rhinitis, that is, an allergic response of the nasal mucous membrane, to things to which it is sensitive. We may get the response to a very severe virus in its early stages, such as that of measles, or influenza which may simulate the common cold. Then we may get bacterial infections due to streptococci or pneumococci of the throat or viruses that at first seem to be ordinary colds. There is quite a spectrum of both virus and bacterial diseases that give these early symptoms, including the one of allergic rhinitis for which the use of antihistamine is most useful.

MR. MCBURNEY: In other words, we are dealing with a variety of conditions and a variety of diseases, I take it?

DR. RHOADS: Yes, I think that is true.

MR. MCBURNEY: What causes the common cold, if I may continue to use that term? What do you say to that, Dr. Fabricant?

The Virus

DR. FABRICANT: At the present time there is good evidence to support the belief that many colds are caused initially by a destructive and mysterious foe, the virus. Among the more familiar ailments believed to be caused by virus are infantile paralysis, smallpox epidemics, influenza, sleeping sickness, and the common garden variety cold sore or fever blister. Although it is a virus that often begins the common cold, the presence of bacteria produces the unpleasant

symptoms with which we are familiar and which appear as the infection progresses. These bacteria are habitual, or at any rate, frequent tenants of the nose and throat.

MR. MCBURNEY: Do you catch the cold from another person, Dr. Rhoads, or does a given individual harbor this agent and then it is activated by certain external conditions?

DR. RHOADS: There is very good evidence that you catch a cold from other persons. For instance, the experiments of Topping and Atlas in the United States Public Health laboratories, and the experiments of Andrewes in England indicate that colds can be transmitted by placing the secretions of the nose and throat in the nose and throat of other persons after filtration. That is very good evidence. Whether the virus is harbored in the host and then re-activated, there is very controversial evidence that I think I had better not go into.

Climate a Factor?

MR. MCBURNEY: Do you have colds in the arctic regions as you have them here in this country, for example?

DR. RHOADS: Well, we are told by visitors to Labrador, for instance, that during the winter they have practically no respiratory infections at all. Then in the spring, after the first boats come in and mail and other articles are distributed throughout the country, there is an epidemic of colds. It would seem to indicate they are brought in from this country. But the fact that these people are living in cold regions doesn't mean they are more apt to have colds. In fact, Admiral Byrd's expedition in the South Atlantic had practically no respiratory infections at all, apparently because they cleaned up whatever bacteria or virus they were harboring in their mucous membranes on the way down and they did not come in contact with fresh colds. And even though they were in a very cold environment they did not contract colds down there.

MR. MCBURNEY: Does the incidence of

colds vary geographically within the United States? How about that, Fabricant?

DR. FABRICANT: Well, yes, it does. In the United States, for instance, there are three seasons of the year when colds are most prevalent. One occurs in October and November with the first days of fall. The second wave of colds comes on during the Christmas and New Year holiday seasons when normal routines are disrupted because of lost sleep and excessive eating and drinking. And a third period takes place during March and April when there are fleeting sieges of warm weather followed by sudden return to cold weather.

'Effect of Weather'

MR. McBURNEY: You are suggesting, then, the changes in temperature have something to do with the producing of colds?

DR. FABRICANT: Changes in temperature have very important things to do with colds.

DR. RHOADS: Don't you think crowding of people in close proximity and spreading their germs back and forth is a major factor also?

MR. McBURNEY: While we are discussing this matter of causes, I want to ask Dr. Feinberg about the part that allergy plays as a cause of the common cold. This gets us back to Dr. Brewster's analysis.

DR. FEINBERG: That's right, I'm glad you asked me that because Dr. Brewster and others who have proposed the use of antihistaminics have stressed the role of allergy. Now as far as I know, and I have looked through the literature critically as far as the common cold is concerned, evidence for its being allergic is inconclusive. The evidence for the histamine being the cause of the symptoms of the common cold is not conclusive either. But allergy does play a role in the common cold. First, the presence of chronic nasal allergy predisposes one to colds because it lowers the resistance of the membranes. It makes the cold last longer and makes it more severe. And

second, frequent colds and nasal and sinus infections lower the resistance of the tissues to allergy, and such persons are more prone to contract hay fever, allergic rhinitis and asthma.

Third, allergic nasal symptoms are frequently mistaken for continued colds. Symptoms of a cold that last longer than a couple of weeks or less than a day or two, or recur very frequently, should be suspected as possibly an allergy. This can be usually substantiated by examination of the nose and a microscopic examination of the nasal secretions. In questionable cases an antihistaminic is given. When the effect is good it usually turns out later that the person has allergy and not colds. In some cases skin tests are required to establish a diagnosis.

MR. McBURNEY: As I understand it, the body—I will put this as a layman would put it—the body secretes this substance of histamine in certain allergic conditions. Is that correct?

DR. RHOADS: That's right.

MR. McBURNEY: And in those circumstances the presence of the histamine makes a person susceptible to colds. Whether you would want to say it causes the cold or not, it aggravates the condition. Now under those circumstances the taking of these antihistamine preparations would be of help to the individual. Is that correct, Dr. Rhoads?

DR. RHOADS: Certainly when they are used in the right spot, they are distinctly helpful.

MR. McBURNEY: How is this histamine generated by the body anyway—the substance that the antihistamine preparations are designed to correct? How is it created?

'Histamine in the Body'

DR. FEINBERG: Yes, there seems to be a great deal of interest about this histamine now. The term is used very much in the home, on the radio, in newspapers, etc., and I doubt if very many people know what it all means. It is a chemical substance which has been synthesized in pure form, but it

is also present in the body as well. It is present inside every cell. It can be released from the cell—and not until it is released is it made active and harmful—it can be released by an allergic reaction or by physical injury, or injury from chemicals or exposure to cold, etc. When the histamine attaches itself to the cell on the outside it injures that cell. For instance on the blood vessels it will cause them to leak fluid and produce swellings like hives or hay fever. On involuntary muscles it will cause spasms or contractions and cause asthma. Now an antihistaminic drug is one which has the ability to compete for a place on the cell and to displace histamine. It is important to realize that histamine can be active in its work without the presence of allergy, and certain types of allergy do not produce histamine, such as most of the bacterial infections; and, of course antihistaminic drugs can only be effective where histamine is produced.

Sulphas and Penicillin

MR. MCBURNEY: It seems to me that clarifies that phase of our discussion. Do sulfas and penicillin cure the common cold?

DR. RHOADS: They do not cure the common cold. The best that can be expected from them is that they will prevent the bacterial complications due to streptococci and pneumococci, etc., that so often come in the wake of the common cold. They certainly have a place, but that is what should be expected of them—not to reduce the symptoms of the common cold itself, of the virus type.

MR. MCBURNEY: How about these cold vaccines that you hear so much about, Dr. Fabricant?

DR. FABRICANT: The scientific evidence against oral vaccines, that is those taken by mouth, is overwhelming. The use of vaccines by injection is highly questionable. Perhaps the future will produce a vaccine that can really produce results.

MR. MCBURNEY: Do you go along with that on vaccines, Dr. Rhoads?

DR. RHOADS: Yes, I think by and large that is true. The most that we can expect from them is some immunity against the bacterial complications of colds.

DR. FEINBERG: I would agree with that, that the prevention of the complications of colds is the most important contribution of the vaccine.

MR. MCBURNEY: You gentlemen seem to be taking a rather pessimistic attitude towards this scourge to which our announcer referred. We have had the common cold with us. Apparently some progress has been made. But you are not too sanguine about antihistamine except in limited situations. You are certainly not too happy about sulfas and penicillin, and you hope for the day when we will get a better cold vaccine. What do you propose to do about this common cold, Dr. Fabricant? What are we to do, just suffer it out?

DR. FABRICANT: No, a safe and sane treatment of a common cold consists mainly in the relief of symptoms as they arise. Treatment should never be standardized but should be suited to the needs of each person. During the earliest stages of a common cold, the principal objective is to supply moisture by means of steam inhalations to the nose. Now, alcoholic beverages have been utilized for generations to abort impending colds or to treat them. In reasonable doses—and I emphasize the word "reasonable," it re-establishes circulation in chilled surfaces of the skin and nasal cavity. However, before one makes too many raids on the whiskey cabinet, it is highly important to remember its continuous and excessive use may lower resistance of the body to pneumonia.

Rest in Bed

Rest in bed—and this cannot be emphasized enough—has stood the rigid test of time as the most sane and effective measure. Bed rest diminishes the severity of the common cold, limits its spread to others, and reduces the frequency of complications.

As a parting thought, don't kiss

anyone during the acute stages of a common cold, that is, unless the person is someone you heartily dislike.

MR. MCBURNEY: Now, do you go along with that very sane advice, Dr. Rhoads?

Establish Diagnosis

DR. RHOADS: In general, I certainly agree with the importance of rest, and plenty of fluids, but I can't quite go along with the idea that alcoholic fluids are particularly helpful. I think there is very little experimental evidence for that. I believe, and I am sure Dr. Fabricant will agree, that if a common cold doesn't start to improve within 48 hours at any rate, we should take active measures to establish the diagnosis. And most important in making that diagnosis, of course, in addition to the physical findings, are a culture of the nose and throat to determine what bacteria are there, and the blood count. Usually, then, we can determine whether we

are dealing with a virus or bacterial infection and know whether to use sulfa or penicillin.

MR. MCBURNEY: What do you have to add to that, Dr. Feinberg?

DR. FEINBERG: I go along very much with that general advice, except perhaps the alcohol. I want to emphasize again what Dr. Rhoads has said, a severe cold may not be a cold. It may be pneumonia, it may be a streptococcal throat, it may be measles, virus infection, etc. And if the cold is severe, I definitely say, call your physician. Let him decide whether you need penicillin or sulfa, or antihistaminics, or nose drops, or nursing care, or the hospital—or just plain tissues.

DR. RHOADS: I think in all fairness we must say quite often we do need antihistaminics and with these diagnostic aids we can tell whether they are needed or not.

MR. MCBURNEY: Thank you, gentlemen.

Suggested Readings

Compiled by Barbara Wynn, Assistant, Reference Department, Deering Library, Northwestern University



FABRICANT, N. D. *The Common Cold and How to Fight It*. New York and Chicago, Ziff-Davis, 1945.

"Good sense and good information, pungently put."

WASSERSUG, JOSEPH D. *Your Coughs, Colds and Wheezes*. New York, Funk, 1949.

General information on the causes of colds, kinds of resistance to colds, and on their prevention and cure.

American Journal of Public Health 39:222-4, F., '49. "Commercial Exploitation of Glycol Vaporizers."

A discussion of the glycol vaporizer as a panacea for the prevention of colds.

American Mercury 69:564-9, N., '49. "Conquering the Common Cold; Use of Antihistaminics." W. E. CRAFT.

Describes the controlled study of the effect of antihistaminic drugs on colds undertaken by Captain Brewster at the U.S. Naval Hospital, Great Lakes, Illinois; a study based on the theory that the cold begins as an allergic reaction.

Fortune 40:21, D., '49. "No More Colds?"

Tells how the new group of antihistaminic drugs appeared on the over-the-counter market, and how, within a fortnight, a \$100 million business was born.

Good Housekeeping 128:284+, F., '49. "Children's Colds." J. H. KENYON. Questions and answers on the common cold, with special information regarding its effects on children.

Hygeia 25:116-17+, F., '47. "Cold Facts about Colds." N. D. FABRICANT. Information on the effectiveness or ineffectiveness of certain well-known methods of combating colds.

Hygeia 26:266-7+, Ap., '48. "We Can Prevent Colds; Triethylene Glycol." A. A. MAISEL. Same abridged, *Reader's Digest* 52:5-8, Ap., '48.

Describes the new method of cold prevention involving the use of small quantities of the odorless, invisible vapor of triethylene glycol, deadly to air-borne germs, but harmless to human beings.

Industrial Medicine 18:509-11, D., '49. "The Prophylaxis and Treatment of the Common Cold with Neohetramine (Thonzylamine Hydrochloride)" J. J. ARMINIO and CHARLES C. SWEET.

Describes the experiments made at Sing Sing Prison, a convent, and a seminary in which Neohetramine, or Anahist, was used with such excellent results in the prevention and treatment of the common cold.

Journal of the American Medical Association 140:1324-28, Ag. 27, '49. "Mass Penicillin Prophylaxis; an Experiment with Negative Results." CLIFFORD KUH and MORRIS S. COLLINS.

Report on the failure of penicillin as a cold preventive.

Journal of the American Medical Association 141:426, O. 8, '49. "Treatment of Common Colds."

A warning that the new drugs cannot be relied on to prevent or cure the common cold, and that many now appearing on the market "make claims not justified by valid evidence."

Life 26:62-4+, Ap. 11, '49. "New Test Detects Cold Germs."

A short, illustrated description of the first chemical process ever discovered to reveal the presence and concentration of the cold virus.

Navy Medical Bulletin 47:810-11, S.-O., '47. "Benadryl as a Therapeutic Agent in the Treatment of the Common Cold." J. M. BREWSTER.

An account of Captain Brewster's experiments with a drug originally used for hay fever and other allergies.

New Republic 121:15-17, D. 12, '49. "Antihistamines as Cold Cures." B. BLIVEN.

Stresses the fact that while the public is embracing the new cold cures eagerly, the medical profession is taking a much more cautious view of their efficacy.

Parents' Magazine 24:32+, F., '49. "Report of Progress in the Battle Against Colds." J. E. GIBSON.

Hints for avoiding colds, and for minimizing the discomfort they cause.

Reader's Digest 55:16-18, D., '49. "Is This, at Last, Good-Bye to the Common Cold?" P. De KRUUF.

An account of the development of the antihistaminic drugs.

Science 106:636-7, D. 26, '47. "Common Cold, a Note Regarding Isolation of an Agent." N. H. TOPPING and L. T. ATLAS.

A technical description of the isolation of the cold virus.

Science Digest 25:1-6, Mr., '49. "How to Live with a Cold." J. D. WASSERSUG.

A condensation from the book, *Your Coughs, Colds and Wheezes*.

United States News 27:26, N. 18, '49. "Drugs Cure Sneezes, Not Colds."

Maintains that there is no conclusive proof that antihistaminic drugs cure the common cold. "Colds" that are cured may be any of a dozen ailments, and the real value of the new pills will not be known for months.



Have You Read These Reviewing Stand Transcripts?

*List of all available Reviewing Stand
discussions on request*

VOLUME XIII of THE REVIEWING STAND

1. What Do Our Teen-Agers Think of America's Future?
2. How Will the North Atlantic Pact Affect Us?
3. Our 81st Congress.
4. What Is Happening to American Literature?
5. Will the New Housing Bill Clear Our Slums?
6. How Do the Comics Affect Your Child?
7. What Is Happening to the American Theatre?
8. Goethe—200 Years Ago and Today.
9. How Should We Educate for Business and Industry?
10. Cancer and Your Life.
11. Labor, Management and the Law.
12. Are We Losing the Cold War in Europe?
13. Are We Losing the Cold War in Asia?
14. Should the Federal Government Support Farm Prices?
15. Should Prices Go Down Now?
16. Preparing for Atomic Age Problems.
17. Can We Stop Drunken Driving?
18. How Big Should Business Get?
19. Should the President Be Elected By a Direct Vote of the People?
20. What Can Medicine Do for the Aged?
21. What Should the Government Do for the Aged?
22. That Man John L. Lewis.
23. Christianity and Communism.
24. Is Aviation Fulfilling Its Peace-time Role?
25. We Foresee in 1950.
26. Selling Your Ideas on the Job.

VOLUME XIV of THE REVIEWING STAND

1. Is Mercy Killing Justifiable?

THE REVIEWING STAND

Northwestern University
Evanston, Illinois

I enclose \$1 for a 16-week subscription
 I enclose \$2 for a 32-week subscription
 I enclose \$2.50 for a 52-week subscription

(Single copies are available at 10 cents each.)

Name

Address

City State